## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10768364

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |               |                                       |               |  |            | SMALL ENTITY TYPE  |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|--|---|---------------|---------------------------------------|---------------|--|------------|--------------------|------------------------|---------|-------------------------------|------------------------|--|
| TO   | OTAL CLAIMS                                    |   | 10            |                                       | (Colditati 2) |  | •          |                    |                        | OR<br>7 |                               | ·                      |  |
|  |  |   | 16            |                                       |               |  |            | RATE               | . FEE                  | -       | RATE                          | FEE                    |  |
| FC   | OR<br>———————                                  |   | NUMBER FILED  |                                       | NUME          | ER EXTRA                                     |            | BASIC FEE          | 385.00                 | OR      | BASIC FEE                     | 770.00                 |  |
| TC   | OTAL CHARGE                                    | ABLE CLAIMS                               | 1 6 minus 20= |                                       | *             | _B   |            | X\$ 9=             |                        | OR      | X\$18=                        |                        |  |
| <u> </u>   | DEPENDENT C                                    | <del></del>                               |               | inus 3 =                              | *<br>         | کخر  |            | X43=               |                        | OR      | X86=                          |                        |  |
| MU   | JLTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT        |                                       |               |  |            | +145=              |                        | OR      | +290=                         |                        |  |
| * if   | the difference                                 | in column 1 is                            | less than ze  | ero, enter '                          | "0" in c      | column 2                                     | ٠          | TOTAL              |                        | OR      | TOTAL                         | 770                    |  |
| CLAIMS AS AMENDED - PART II  |  |   |               |                                       |               |  | OTHER THAN |                    |                        |         |                               |                        |  |
| (Column 1)   |  |   | (Column       |                                       |               | (Column 3)                                   | · ·_       | SMALL              | ENTITY                 | OR      | SMALL                         | ENTITY                 |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F   | ER<br>USLY    | PRESENT<br>EXTRA                             |            | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus         | **                                    |               | =  |            | X\$ 9=             |                        | OR      | X\$18=                        | ·                      |  |
|  | Independent                                    | <u> </u> *                                | Minus         | ***                                   |               | <u>                                     </u> |            | X43=               |                        | OR      | X86=                          |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                       |               |  |            | +145=              |                        |         | +290=                         |                        |  |
|  |  |   |               |                                       |               |  | L          | +145=<br>TOTAL     |                        | OR      | TOTAL                         |                        |  |
|  |  |   |               |                                       |               |  |            | DDIT. FEE          |                        | OR      | ADDIT. FEE                    |                        |  |
|  | r-   | (Column 1)                                | 1             | (Columi                               |               | (Column 3)                                   | ·          |                    | ,                      | . ,     |                               |                        |  |
| AMENDMENT B  |  | REMAINING AFTER AMENDMENT                 |               | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO  | ER<br>JSLY    | PRESENT<br>EXTRA                             |            | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus         | ##                                    | ·             | = .  |            | X\$ 9=             | ree_                   | OR      | X\$18=                        | FEE                    |  |
|  | Independent                                    | *   | Minus         | ***                                   |               | =  |            | X43=               |                        | ľ       | X86=                          |                        |  |
| ٨  | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEP   | ENDENT C                              | CLAIM         |  | ┞          | A40=               |                        | OR      | 700-                          |                        |  |
|  |  |   |               | •                                     | ·             |  |            | +145=              |                        | OR      | +290=                         | •                      |  |
|  |  |   |               |                                       |               |  |            | TOTAL<br>DDIT. FEE |                        | OR ,    | TOTAL<br>ADDIT. FEE           |                        |  |
|  |  | (Column 1)                                |               | (Column                               |               | (Column 3)                                   |            | • .                |                        |         |                               | ·                      |  |
| A.MENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY    | PRESENT<br>EXTRA                             |            | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus         | **                                    |               | =  |            | X\$ 9=             |                        | OR      | X\$18=                        |                        |  |
|  | Independent                                    | *   | Minus         | ***                                   |               | =  | ┢          | X43=               |                        | ' .     | X86=                          |                        |  |
| <u>^</u> [   | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEP   | ENDENT C                              | CLAIM         |  | -          |                    |                        | OR      |                               |                        |  |
| +145   |  |   |               |                                       |               |  |            |                    |                        | OR      | +290=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |               |                                       |               |  |            |                    |                        | OR ,    | TOTAL<br>ODIT. FEE            |                        |  |
|  |  | mber Previously Pa<br>ber Previously Paid |               |                                       |               |  |            |                    | ropriate box           |         |                               | ,                      |  |